TAX026

STATE OF IDAHO – DEPARTMENT OF LABOR

# EMPLOYER QUARTERLY UNEMPLOYMENT INSURANCE TAX REPORT

CASHIER
IDAHO DEPARTMENT OF LABOR
317 W MAIN STREET
BOISE, IDAHO 83735-0610
TELEPHONE: (208) 332-3576 or (800) 448-2977

STATE ACCOUNT NUMBER:

YEAR WAGES WERE PAID:
CALENDAR QUARTER WAGES WERE PAID:

LEGAL ENTITY NAME AND ADDRESS:

**IMPORTANT:**
**Make NO prior quarter adjustments on this report.**

**Adjustments to wages reported in previous quarters must be submitted SEPARATLY.**

**DO NOT include negative wages on this report.**

| 14. EMPLOYEE'S SOCIAL SECURITY NUMBER (Required) | | | 15. EMPLOYEE'S LAST NAME, FIRST NAME AND INITIALS (Please type or machine print if possible) | | 16. TOTAL IDAHO WAGES PAID THIS QUARTER | |
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| 17. TOTAL FOR THIS PAGE | | | | | | |
| 18. TOTAL WAGES FOR THIS WAGE REPORT (Enter on line 5 of the tax report) | | | | | | |